

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	11/9
FORMALITY REVIEW	2M	5C864	12/5/01
RESPONSE FORMALITY REVIEW	T. J. West	925	04-29-02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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30/18611 31040 U.S. PTO  
09/985952

10809 4/24/02

5c. 859  
12/05